

City of Jackson Preliminary Plat Application

Proposed Name of Subdivision: _____

Attached is a: Concept Plan _____ Preliminary Plat _____ Revised Preliminary Plat: _____

Applicant's Name: _____ Date: _____

Applicant's Address: _____

City _____ State _____ Zip: _____

Applicant's Phone: _____ Fax: _____ Mobile: _____

E-mail: _____

SITE INFORMATION

(Provide Legal Description on plan or separate document.)

Location of Site: _____

Tax Assessor's Parcel No.: _____ Total site area (sq. ft.; acres):: _____

Zoning: Current: _____ Required _____

Rezoning applied for? _____ Yes _____ No Zoning Case Number: _____

Is any portion of site located within 100 year Flood Plan? _____ Yes _____ No

Attach Flood Plan Development Permit or Date Applied for: _____

Do you plan to leave a portion of the site in Green Space, Parks, or Common Ground? _____

Is site within a Historic Preservation, Overlay, Mixed-Use or C-1A District? _____ Yes _____ No

Date COA Applied For: _____ Date COA Received: _____

Residential Development: Phase # _____ Total Lots: _____ Future Phases planned? _____

Total Housing Units: _____ #Single Family Detached _____ # Single Family Attached: _____

of Multi-family Units: _____ # 1 BR units: _____ # 2 BR units: _____ #3 BR units: _____

Type and # Community Facilities: _____

Maximum Building Height: _____ # Off-street parking spaces: _____

Access to which type of street? Local _____ Collector _____ Arterial street: _____ Other: _____

Ingress & Egress points: _____ Proposed internal street width: _____

Type of Curb to be installed: _____

Non-Residential Development: Type of Use: _____

Total Number of Lots: _____ Total # Buildings: _____ Building Height: _____

Off-street parking spaces required: _____ # Provided: _____ Adjacent Street width: _____

Does property abut a state maintained highway? ____ Yes ____ MDOT Notified? _____

Curb Cuts _____ Width of Curb Cuts: _____ Distance to closest corner: _____

Future Streets to be Private or Public? _____

Uses proposed	Square Footage

CONTACT INFORMATION

Developer:

Name: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____

E-mail: _____

Engineer/Surveyor:

Name: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____

E-mail: _____

Construction Contractor:

Name: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____

E-mail: _____

Architect/Other:

Name: _____

Address: _____

Phone: _____ Fax: _____

Mobile: _____

E-mail: _____

Owner's Statement: This plat shall serve as authorization for _____ to submit this Preliminary Plat Application on the property described herein.

Owner(s) Signature: _____

Date: _____

Owner(s) Signature: _____

Date: _____

Date Received

Development Type _____
Site Plan Number _____